

2057

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 227

1. PLACE OF DEATH

COUNTY MaricopaSTATE ARIZONAREGISTERED NO. 104TOWNSHIP Mesa

OR VILLAGE

CITY

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE
IN CITY OR TOWN WHERE DEATH OCCURRED13 YRS.

HOW LONG IN

IF OF FOREIGN BIRTH

YRS.

MOS.

DS.

2. FULL NAME

Charles A. Buckley

HOW LONG IN STATE WHEN DEATH OCCURRED

27 YRS.

MOS.

DS.

(A) RESIDENCE NO. 39 South Morris St Mesa Ariz.

(USUAL PLACE OF ABODE)

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Sarah Jane Buckley
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN
1 DAY, HRS.
OR MIN.69522

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR
KIND OF WORK DONE, AS SPINNER,
SAWYER, BOOKKEEPER, ETC.
9. INDUSTRY OR BUSINESS IN WHICH
WORK WAS DONE, AS SILK MILL,
SAW MILL, BANK, ETC.Farmer10. DATE DECEASED LAST WORKED AT
THIS OCCUPATION (MONTH AND
YEAR)11. TOTAL TIME (YEARS)
SPENT IN THIS
OCCUPATION12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTY)Wilmington Ohio

MOTHER | FATHER

13. NAME

John Buckley14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTY)Wales

15. MAIDEN NAME

Not Known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTY)Sarah Jane Buckley17. INFORMANT
(ADDRESS)39 South Morris St Mesa18. BURIAL, CREMATION, OR REMOVAL
PLACE Mesa DATE 7-28-36

19. EMBALMER

LICENSE NO. 90SIGNATURE M. L. GibbonsFUNERAL
DIRECTORM. L. Gibbons

ADDRESS

Mesa Arizona20. FILED 7-22-3621. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 193622. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
11-13-35 TO 7-20-36I LAST SAW HIM ALIVE ON 7-18-36; DEATH IS SAID
TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10 P.M.THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF
IMPORTANCE WERE AS FOLLOWS:Leftside Cerebral
Thrombophlegia
Cerebral hemorrhage

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Myocarditis Chronic

NAME OF OPERATION

DATE OF

WHAT TEST

CONFIRMED DIAGNOSIS

WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO
THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY

WHERE DID INJURY OCCUR?

(SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN
PUBLIC PLACE

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF
DECEASED?

IF SO, SPECIFY

(SIGNED)

(ADDRESS)

M. D.

10M-10-6-34-REP-GAZ PRINTERY—FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION